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PTO/SB/81 (10-00)

Luc VANTALON, et al.

Application Number	09/716,845
Filing Date	November 16, 2000
First Named Inventor	Luc VANTALON
Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	5442-025

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John F. Schipper	26,994

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LAW OFFICE OF JOHN SCHIPPER

Address 111 N. Market Street

Address Suite 808

City San Jose State California ZIP 95113

Country U.S.A.

Telephone (408) 293-9934 Fax (408) 293-2183

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Luc VANTALON

Signature

Date

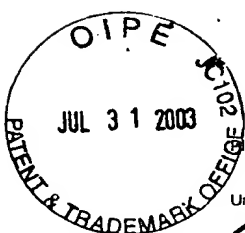
6-20-03

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PTO/SB/01 (10-00)  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	5442-025
	<b>First Named Inventor</b>	VANTALON, Luc
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09/716,845
	<b>Filing Date</b>	November 16, 2000
	<b>Group Art Unit</b>	2643
	<b>Examiner Name</b>	N/A

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**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DIGITAL TELEVISION CONDITIONAL ACCESS METHODS AND APPARATUS  
FOR SIMULTANEOUSLY HANDLING MULTIPLE TELEVISION PROGRAMS**

the specification of which (Title of the Invention)

☐ is attached hereto    **OR**    ☒ was filed on (MM/DD/YYYY) 11/16/00 as United States Application Number or PCT International

Application Number 09/716,845 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

<b>Name</b>	Law Office of John Schipper		
<b>Address</b>	111 N. Market Street		
<b>Address</b>	Suite 808		
<b>City</b>	<b>State</b>	<b>ZIP</b>	
San Jose	California	95113	
<b>Country</b>	<b>Telephone</b>	<b>Fax</b>	
U.S.	(408) 293-9934	(408) 293-2183	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

<b>Given Name</b>	Luc	<b>Family Name or Surname</b>	VANTALON
<b>Inventor's Signature</b>			<b>Date</b> 6-20-03
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
SUNNYVALE	CA	USA	FRENCH
<b>Mailing Address</b>			
868 HELENA DR			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
SUNNYVALE	CA	94087	USA

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

<b>Given Name</b>	Gilles	<b>Family Name or Surname</b>	GAUTIER
<b>Inventor's Signature</b>			<b>Date</b> 06/06/2003
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>
Eygalières		France	French
<b>Mailing Address</b>			
Rue de la République			
<b>Mailing Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Eygalières		13 810	France

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 1
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Arnaud		BOURSIER	
Inventor's Signature		Date 23105/2003	
Residence: City Nans Les Pins	State	Country France	Citizenship French
Mailing Address Les jardins de Joseph et Jeannette			
Mailing Address			
City Nans Les Pins	State	ZIP 83860	Country France
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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Group Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	5442-025

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Name	Registration Number
John F. Schipper	26,994

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Address	Suite 808				
City	San Jose	State	California	ZIP	95113
Country	U.S.A.				
Telephone	(408) 293-9934	Fax	(408) 293-2183		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Gilles GAUTIER
Signature	
Date	06/06/2003

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**SIGNATURE of Applicant or Assignee of Record**

Name	Arnaud BOURSIER
Signature	
Date	06/12/2003

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